

Ashgate House Limited

# Ashgate House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service

Ashgate House is a residential care home providing personal care to 9 at the time of the inspection. The service can support up to 10 people.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### People's experience of using this service and what we found

We found that improvements could be made to the administration and recording of medicines.

**Right Support:** People lived in an ordinary residential home in a residential street. They were supported by a staff team that understood their needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

**Right Care:** People were protected from the risk of abuse. Risk assessments had been carried out to identify the risks people faced. These included information about how to mitigate those risks. There were enough staff working at the service to meet people's needs and the provider had robust staff recruitment practices in place. Infection control and prevention systems were in place. Accidents and incidents were reviewed to see if any lessons could be learnt from them.

**Right Culture:** People were supported with care that was person-centred. Quality assurance and monitoring systems were in place to help drive improvements at the service. Relatives and staff told us there was an open and positive culture at the service. The provider was aware of their legal obligations and worked with other agencies to develop best practice and share knowledge.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 26 June 2018).

### Why we inspected

We had not inspected this service for over 5 years and we needed to check that they were still providing good quality and safe care.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashgate House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Recommendations

We have made a recommendation about the safe recording and administration of medicines.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Ashgate House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 2 inspectors.

#### Service and service type

Ashgate House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ashgate House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key

information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people and observed how staff interacted with people. We spoke with 5 staff, the registered and deputy managers, the regional manager, a team leader and a care worker. We reviewed the care records for 4 people and multiple medicines records. We examined recruitment records of 6 staff. We reviewed a variety of records relating to the management of the service, including a sample of policies and procedures.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were stored securely in a locked and designated medicine cabinet. Only staff who had undertaken training were able to administer medicines. People told us they were supported with taking medicines. A person said, "They [staff] get me a drop of water to take with my medicines."
- Medicine administration records were maintained. These showed that medicines were mostly administered as prescribed. However, on 1 occasion, records showed a medicated spray had been given 4 times in a day when it should have only been given 3 times.
- Guidelines were in place about the administration of medicines prescribed on a PRN [as required] basis. These were mostly of a satisfactory standard. However, for 1 medicine, the guidance provided information about how to administer the medicine, but not when. We discussed this with the registered manager who told us they would revise the guidance accordingly.

We recommend the provider follows best practice with the recording and administration of medicines.

### Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse. The provider had a safeguarding adults policy in place to guide staff. This made clear their responsibility to report any allegations of abuse to the local authority and the Care Quality Commission. Records showed allegations of abuse had been dealt with in line with the policy.
- Staff had undertaken training about safeguarding adults and understood their responsibilities around this.
- The service held money on behalf of people. A person told us, "I am happy with [registered manager] looking after my money."
- Monies were kept in a locked safe. Records and receipts were kept of monies held. We checked these and found that for 2 people there was a small discrepancy between the amount of money held and the amount there should have been according to records. We discussed this with the registered manager who told us they would implement a more robust process for checking money held at the service.

### Assessing risk, safety monitoring and management

- Risk assessments were in place for people. These were mostly of a good standard. They were clear, detailed and person centred, and included information about how to mitigate the risks people faced.
- One person was at risk of choking and there was an assessment in place about this. This set out what staff needed to do to reduce that risk. However, it did not include information about how to respond if the person did start choking. Staff had undertaken training about this and were knowledgeable about what they should

do. The registered manager told us they would revise the risk assessment to include details of actions to take in the event of the person choking.

- People told us they felt safe at the service. When asked if staff knew how to use the hoist properly, a person told us staff were 'very good' with the hoist. Another person told us, "Yes I feel safe."
- Steps had been taken to help ensure the premises were safe. For example, qualified persons had carried out services of the gas, electrics and fire alarms at the service. The provider carried out their own safety checks, such as the testing of fire alarms.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

#### Staffing and recruitment

- There were enough staff working at the service to meet people's needs. Staff told us they had enough time to carry out their duties and to keep people safe. We observed staff were unhurried during our inspection and responded promptly to people when support was required. People told us there were enough staff. A person said, "Yeah, there's enough staff."
- Checks were carried out on prospective staff to help ensure they were suitable to work in a care setting. These included employment references, proof of identification and criminal records checks.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People told us the service was clean. A person said, "I keep my room nice and clean. The staff help with that."

#### Visiting in care homes

- There were no restrictions on visitors to the service and the provider was working in line with the government guidance on visiting care homes at the time of inspection. People told us they could see visitors



at the service. A person said, "My sister is coming, I like my sister."

#### Learning lessons when things go wrong

- The provider had systems in place for learning lessons when things went wrong. They had an accident and incident policy in place which stated accidents and incidents should be reviewed. Records confirmed the provider followed its policy. Accidents and incidents were reviewed to learn lessons about how to reduce the likelihood of similar accidents re-occurring.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider promoted a positive culture that was open and inclusive. Staff spoke positively about the registered manager. One member of staff said, "I love working here. [Registered manager] helped me a lot... helped me in training for medication, build my confidence, if any mistakes they approached me to let me know." People spoke positively about the staff, 1 person said, "[Staff member] is nice to me, I like it here."
- The provider had a culture that was person-centred so it achieved good aims for people. Risk assessments were person centred around the needs of individuals and staff had a good understanding of people's individual needs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibility under the duty of candour to be open and honest with people when things went wrong. Various systems were in place to address mistakes. For example, there was a complaints procedure in place and accidents and incidents were reviewed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Managers and staff were clear about their roles and understood regulatory requirements. Staff understood who they were accountable to, and were provided with a copy of their job description to help give clarity about their role.
- The provider understood their regulatory requirements. For example, they had employer's liability insurance cover in place in line with legislation. The registered manager was knowledgeable about what they had a legal duty to notify the Care Quality Commission about.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider engaged with people, relatives and staff. Staff and resident's meetings were held which gave people the opportunity to discuss issues of importance to them. A person told us about the residents meetings. They said staff asked them in the meetings, "Do you like it here, are you happy with the staff?" Another person said, "I do go to the meetings and that. They [staff] say I've done well and they are proud of me."

- Surveys were carried out of relatives, staff and professionals. Completed surveys we saw contained generally positive feedback.

- The provider considered the equality characteristics of people and staff. For example, care plans included information about equality and diversity needs. Staff recruitment was carried out in line with good practice in relation to equality and diversity.

- The provider worked in partnership with others to share best practice and develop knowledge. For example, they worked closely with the local authority, and various health professionals involved in people's care.

#### Continuous learning and improving care

- Systems were in place for continuous learning and improving care. For example, the regional manager carried out a 'Good Governance' audit. These covered areas including maintenance, infection control and health and safety. An action plan was produced in response to the audit to help ensure anything highlighted was addressed.

- The registered manager also carried out audits. For example, in relation to medicine and care practices at the service.